

16076 U.S. PTO  
07/22/03

Practitioner's Docket No. RPS8-2002-0499  
Customer No.: 25299

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

21910 U.S. PTO  
10/624322  
07/22/03

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): William Noonan

For (title): **SYSTEM & METHOD OF UPDATING PLANOGRAM INFORMATION USING  
RFID TAGS AND PERSONAL SHOPPING DEVICE**

1. **Type of Application**

This transmittal is for an original (nonprovisional) application.

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CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) AND 1.10\*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- [X] deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  
37 C.F.R. Section 1.8(a)

37 C.F.R. Section 1.10\*

- [ ] with sufficient postage as first class mail.

- [X] as "Express Mail Post Office to Address"  
Mailing Label No. EJ92260456245  
(mandatory)

TRANSMISSION

- [ ] transmitted by facsimile to the Patent and Trademark Office (703) \_\_\_\_-\_\_\_\_.

Date:

7/22/03

Patricia Jarnagin  
Signature

Patricia Jarnagin

(type or print name of person certifying)

**2. Papers Enclosed**

**A.** Required for filing date under 37 C.F.R. 1.53(b) (Regular) or 37 C.F.R. 1.153 (Design) Application

9 Page(s) of Specification  
3 Page(s) of Claims  
1 Sheet(s) of Drawing(s)--Formal

**B.** Other Papers Enclosed

2 Page(s) of declaration and power of attorney  
1 Page(s) of abstract

**3. Additional Papers Enclosed**

**4. Assignment**

An assignment of the invention to **International Business Machines Corporation; Armonk, NY** is will be provided at a later date.

5. **F Calculation (37 C.F.R. Section 1.16)**

Regular Application

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CLAIMS AS FILED

Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 CFR 1.16(a) \$710.00
Total Claims	20	20	0	\$0	\$0.00
Independent Claims	3	3	0	\$0	\$0.00
Multiple Dependent Claims					\$0.00
Filing Fee Calculation					\$750.00

7. **Fee Payment Being Made at This Time**

Enclosed

Filing Fee

\$750.00

**Total Fees Enclosed**

**\$750.00**

8. **Method of Payment of Fees**

Charge Account No. 09-1990 in the amount of \$750.00.

A duplicate of this transmittal is attached.

~~07/24/2003 SSITHIB1 00000036 091990 10624322~~

~~01 FC:1001~~ 750.00 DA

**9. Authorization to Charge Additional Fees**

The Commissioner is hereby authorized to charge the following additional fees by this paper and during the entire pendency of this application to Account No. 09-1990.


37 C.F.R. Section 1.16(a), (f) or (g) (filing fees)

37 C.F.R. Section 1.16(b), (c) or (d) (presentation of extra claims)

**10. Instructions as to Overpayment**

Credit Account No. 09-1990.

Date: 7/22/03



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